OCTOBER, 1967

The Hampden Hippocrat

The Hampden Hippocrat

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Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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FROM THE EDITOR'S DESK

To

LES GIRLS

This issue of *The Hampden Hippocrat* is dedicated to the physician's wife and her woman's auxiliary. Our girls are most ambitious and dedicated in the goals, plans, and programs of their auxiliary organizations. This you will become more aware of as you read on in this issue.

We could not pay tribute to one and all more eloquently than by quoting a poem written by one of the girls, namely, Mrs. Herbert J. Ulrich of Buffalo, N.Y. This poem was first published in the November, 1957 issue of *The Distaff*, a publication of the Woman's Auxiliary to the Medical Society of the State of New York.

"If" for a Doctor's Wife

(*With apologies to Rudyard Kipling*)

If you can keep your head when patients all about you
Are losing theirs, insisting that the doctor call;
If you can trust your husband with women all about him
And never feel a jealous twinge at all;
If you can learn that people are demanding,
And care nothing for a doctor's private life,
Yet, under tension, still be understanding
And try to be a model, patient wife;

If you can play the role of dad as well as mother,
Explaining to the youngsters why this has to be;
And also doctor Dad, yourself and all the children
(For doctors' families hate to bother an M.D.);
If you can cook a meal at noon or midnight
And serve it fast, and with a pleasant smile,
And, as you eat, hear many cures and symptoms
With the telephone ringing madly all the while;

If you can hear a group discuss a diagnosis
About which you know facts on which they err,
And never breathe a word, nor mention a prognosis,
Although, to do so, would cause quite a stir;
If you can plan a dinner party
And find you're left alone to entertain,
And never show your inner thoughts or disappointment
And not be tempted to complain;

If you can dress in style and not be ostentatious,
Remembering that the public watches every move you make;
And, when you're tempted to be rude, be gracious,
And, often laugh, although your heart would break;
If you can feel *you* chose this man to marry
And be a loving, cheerful, understanding wife —
You'll find your burdens pleasant ones to carry,
And, what is more, you'll lead a full and happy life!

May God bless you — one and all!

John C. Ayres, M.D.

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SERVING OUR MEDICAL SOCIETY

A MESSAGE

from

MRS. SETRAG A. ZACARIAN

PRESIDENT, WOMAN'S AUXILIARY

to the

HAMPDEN DISTRICT

MEDICAL SOCIETY

A young French nobleman, Alexis de Tocqueville, after visiting our country, made the following comment:

"These Americans are unusual people. When they see a problem come up — a canal to be dug or a school to be built — they immediately form a group or committee, whatever is necessary to get the job done."

Since its conception in 1950, the Woman's Auxiliary has strived to serve its medical society through its many committees. The job has been challenging.

To date, the traditional *White Cap Ball* has given many nursing scholarships to needy students. This year the Auxiliary's contribution to AMA-ERF was the largest in the State, an achievement we proudly hail.

Mindful of the desperate shortage of nurses and doctors, our Health Career Committee is instituting a recruitment program in every high school in the Hampden District to interest young people toward medical careers.

Community Service Committee will again assist the Medical Society in processing "Dreypak" kits during the *Diabetes Detection Week* and will for the first time help with the *Springfield Sale for the Blind.*

It is indeed a privilege and honor to serve as President of the Woman's Auxiliary. With the cooperation of all standing committees, we will endeavor to "further the purposes of Hampden District Medical Society and to promote good will among physicians' families."

Mrs. Zacarian

The Woman's Auxiliary

to the

Hampden District Medical Society

requests the pleasure of your company

at its

Annual White Cap Ball

on Saturday, the fourth of November

Nineteen hundred and sixty-seven

at seven o'clock

Wyckoff Country Club

Holyoke, Massachusetts

Kindly make check payable to Nurses Recruitment Fund.

Reservations:

Mrs. John Prybylo
567-8959

Mrs. Richard Scott
567-5189

Reservation Deadline: October 26, 1967

A MESSAGE TO HAMPDEN

by

MRS. KARL F. RITTER

PRESIDENT, WOMAN'S AUXILIARY

to the

AMERICAN MEDICAL ASSOCIATION

A single simple bond ties us together as an organization — we are the wives of physicians, and the interests of our husbands in the field of health become our interests. As Auxiliary members we find our program blue-printed for self-education within the Auxiliary and health education and health services in each local community. To follow this pattern we must focus our efforts on:

— Membership and the individual member or, to put it very succinctly, more members and better informed members in every county—our continuing dream is that of matching our parent organization in numbers;

— Providing leadership in health education and in the dissemination of authentic health information;

— Recognizing local needs and initiating action for meeting them;

— Increasing our endeavors in helping to meet the rapidly expanding health manpower needs — there has never been a time when paramedical personnel was so sorely needed as now;

— Cooperating fully with other groups in any health endeavors;

— Proving our potential in the role of liaison between the community and our busy doctor husbands.

We are blessed with an impressive legacy, a dynamic present, and a challenging future. May the coming year be rewarding for each of us as individuals and a year of strength and progress for the Auxiliary.

Gerby Ritter

New Disability Income and Major Medical Expense INSURANCE PROGRAMS

Officially Approved November 15, 1966

By The

Hampden District Medical Society

You may be interested to know that Lester L. Burdick, Inc., the administrators of your new Accident and Health Insurance programs, has served the medical profession in a similar capacity for more than 24 years. (19 District Medical Societies, starting in 1942; The Springfield Academy of Medicine, since 1948; The Massachusetts Medical Society, since 1962.)

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PROJECTIONS FOR 1967 – 1968

Membership – Health Careers – Community Service

A MESSAGE TO HAMPDEN

by

MRS. JOHN F. DIAS, *PRESIDENT*
WOMAN'S AUXILIARY TO THE MMS

OUR PURPOSE: To assist the Massachusetts Medical Society in its program for the advancement of medicine and public health; to cultivate friendly relations and promote understanding among physicians' families.

To accomplish these purposes, we need *MEMBERSHIP*, adaptable and meaningful *PROGRAMS* and *LEADERSHIP*.

Auxiliary membership in Massachusetts is less than one-third of its potential. It is often stressed at national conferences that the activity of the auxiliary largely depends upon the decisions and generosity of our physician husbands. Our common bond is our husband's profession as represented by the medical auxiliary. This is our own *UNIQUE* organization for only we, doctors' wives, are privileged to belong. But, dear doctor, in many instances, your wife needs *YOUR* encouragement and incitement to bcome one of eight thousand possible *ambassadors* for the aims and goals of the medical profession. Our contributions to AMA-ERF and para-medical scholarships have been good, but with one hundred per cent membership, they could be outstanding.

District dues, for active membership, vary according to local involvement, scholarship awards, community service projects, and auxiliary administration.

State and national dues of two dollars each include a subscription to *M.D.'s Wife* and *The Baystater*.

These national and state publications bring current and pertinent information regarding membership, health careers, health education, community service, international health, legislation and a wealth of program material from the state and national auxiliaries.

Membership-at-large dues of four dollars annually may be paid through your district or direct to the State Treasurer. As a member-at-large, you will receive the above mentioned material, and although this in itself is invaluable, there is no substitute for the personal contact. *WON'T YOU PLEASE JOIN US?*

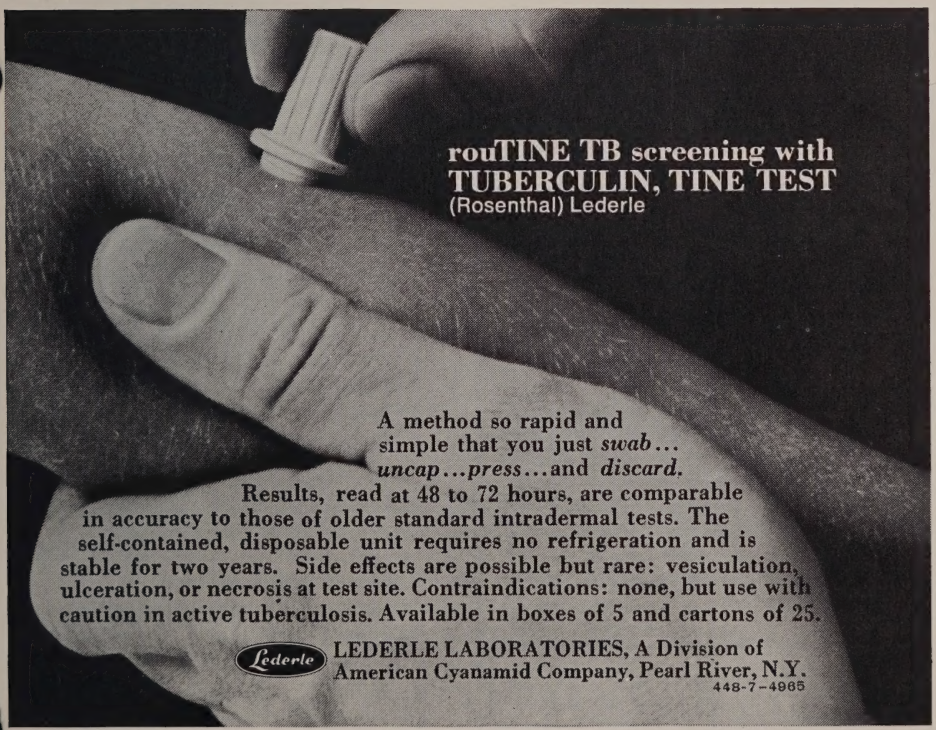
In trying to progress to leadership needs we realize that it is impossible to place any of our projections ahead of the other. Each is dependent on the other. However, we are hopeful a worthwhile project, exigent for one hundred per cent participation, will attract and involve all members.

After extensive study of the needs of our districts and state, an evaluation of the materials available from national headquarters relative to health careers, and approval by the Massachusetts Medical Society, we are now formulating plans for a *HEALTH CAREERS MOBILE.* In conjunction with this, a *HEALTH CAREERS DIRECTORY* also is to be compiled.

The A.M.A. woman's auxiliary has through its *Seven Package Programs* given us an imposing list of educational materials enabling auxiliaries to develop meaningful, problem-oriented community service projects. Health education is essential to national well-being and, as auxiliary members, it behooves us to keep abreast of the ever changing world of medicine and to interpret this information to our communities.

These are our goals and our aims are great. Needless to say, we will need the unqualified support of every physician's wife in Massachusetts and the whole hearted patronage of her doctor husband. May we please count on you?

Margaret F. Dias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to the
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1967 – 1968

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PROGRAM

Tuesday, September 12, 1967, 12:45 P.M.
Museum of Fine Arts—Springfield, Mass.
Program — "Getting to Know You"
and A Visit with
Mr. Frederick Robinson, Curator
Chairmen: Mrs. Joseph M. Baker
Mrs. Walter S. Mozden
Dessert and Coffee

Tuesday, October 17, 1967, 12:00 Noon
Luncheon Meeting — Vincent's Hillhouse
West Springfield, Mass.
Program — "Religion and Psychiatry"
Speaker — J. Herbert Manton, M.D.
American Foundation of Religion and
Psychiatry, New York, N. Y.
General Chairman: Mrs. Robert J. Bye
Chairman: Mrs. Frank J. Sterba, Jr.
Co-Chairman: Mrs. William E. Sheehan
Guests are Welcome

Saturday, November 4, 1967
Dinner Dance — White Cap Ball
Wyckoff Country Club, Holyoke, Mass.
General Chairman: Mrs. Walton E. Stevens
Co-Chairman: Mrs. Bruce B. Stoler
Social Hour: 6:30 P. M.

Friday, February 9, 1968
Hampden District Medical Society Dinner
Highpoint Motor Inn
450 Memorial Drive, Chicopee Falls
Social Hour: 6:30 P. M.
Dinner: 7:30 P. M. Entertainment

Tuesday, April 23, 1968, 12:00 Noon
Annual Luncheon Meeting
The Holiday Inn, Springfield, Mass.
Guest Speaker and Installing Officer:
Mrs. John Dias, State Auxiliary President
Program: Preview of Summer Fashions
Chairman: Mrs. Robert J. Bye
Luncheon Chairman:
Mrs. Carl W. Janovsky
Co-Chairman: Mrs. Henry W. Polchlopek

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International Health Service Mrs. Alfred Aborjaily

Legislation Mrs. Frank Mills

Membership ..... Mrs. Walter Mozden

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Necrology ..... Mrs. Honore E. Gaudreau

Nominating ..... Mrs. Richard Paul

Parliamentarian .. Mrs. Charles D'Avanzo

Program ..... Mrs. Rocco A. Verrilli

Publicity ..... Mrs. D. Dasco Mrs. John J. Burke

Publicity-Hippocrat. . Mrs. Joseph Greenspan

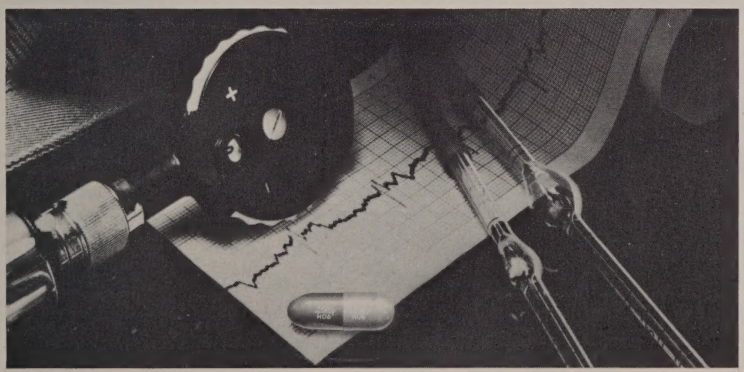
Safety ..... Mrs. Irving Hoff

Social ..... Mrs. Robert J. Bye

Telephone ..... Mrs. D. DeLaurentis

White Cap Ball ..... Mrs. Walton Stevens

Membership Tea ..... Mrs. Joseph Baker Mrs. Walter Mozden



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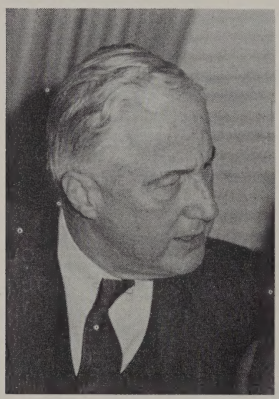
President's Page

Our Girls

It seems such a short period of time since the Woman's Auxiliary of the HDMS was established. I recall vividly the first President, Mrs. James Seaman, and the very pleasant evening in the Kimball Hotel when Bishop Weldon spoke before the first combined meeting of the physicians and their wives.



Since that time the Auxiliary has prospered. It is well to recall the late Mrs. Roger H. Cheney who gave much of her time and talents, having served as President of the local chapter and the State Presidency and probably would have reached national level if she had lived.

It might be well to recall at this time some of the activities of the Auxiliary. The one activity which I feel has done the most for our community has been activities dealing with recruitment for nursing, namely, scholarships for needy nurses and programs to interest high school youngsters for careers in the medical field.

It was a great surprise to find the amount of work and details that are needed to carry out this program. Much of this work is done in the Hampden District office.

Each year we look forward to the one social event of the medical community, the "White Cap Ball" which has had increasing attendance and enthusiasm as each year goes by. It has been seven years since we have had a combined meeting of the physicians and their wives. This coming February 9th at Highpoint Motor Inn in Chicopee we shall be looking forward to an enjoyable social gathering. Entertainment following the dinner will be furnished by local medical talent.

For the HDMS may I express our deep gratitude to the Woman's Auxiliary for their contributions to the field of medicine.

Joseph M. Baker M.D.

Joseph M. Baker, M.D., President

AMA '67 HOUSTON

AMA 21ST CLINICAL CONVENTION • ASTROHALL • HOUSTON, TEXAS • NOVEMBER 26-29, 1967

Plan to attend this year's AMA Clinical Convention in Houston, Texas. Eighteen scientific sessions, four postgraduate courses, breakfast roundtable discussions, color television, and scientific and industrial exhibits will bring you up to date on the latest medical advances. Attend lectures by, and discussions with, our nation's outstanding medical authorities.

Between sessions, enjoy the excellent restaurants, fine shops, visitors' attractions, and mild winter temperatures Houston offers. Mail the enclosed registration and room reservation coupons now, and look forward to an exceptional convention with a holiday plus.

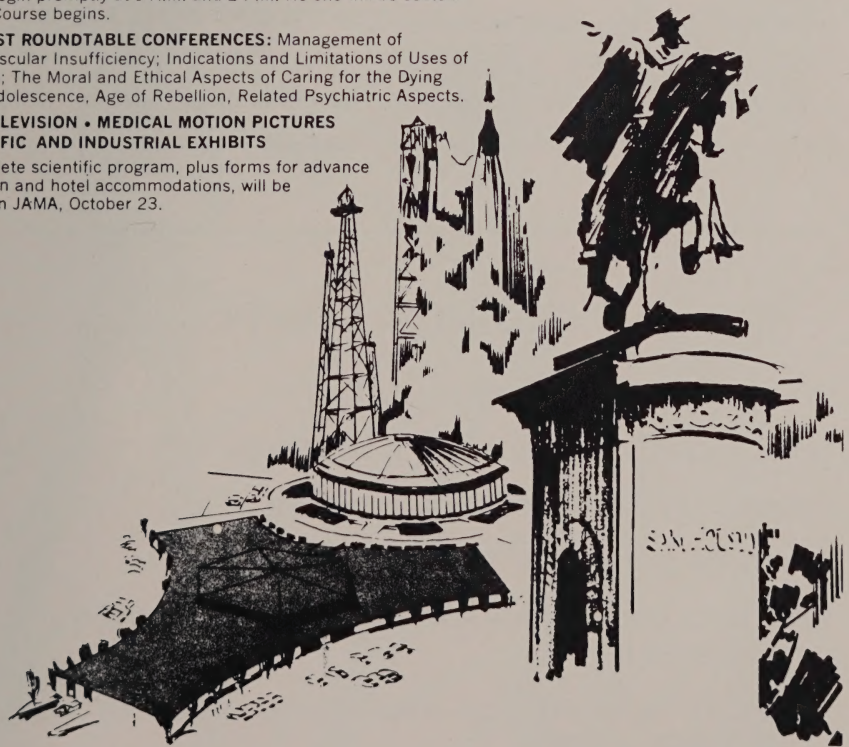
SCIENTIFIC SESSIONS: Cardiovascular Disease; Cardiovascular Surgery; New Cares; Ophthalmology; Geriatrics; Arthritis; Gastroenterology; Cancer; Antibiotics; Endocrinology; General Surgery; Dermatology; Aerospace Medicine; Obstetrics and Gynecology; Psychiatry; Pediatrics; Genitourinary Diseases; and Otolaryngology.

POSTGRADUATE COURSES: Fluid and Electrolyte Balance; Oncology; Cardiovascular Disease; and Obstetrics and Gynecology. Register for these Courses on arrival in Houston at the PG Course Registration booth adjacent to the General Registration area. There is no charge for the Courses, but registration is limited to 200 per Course. The Courses begin promptly at 9 A.M. and 2 P.M. No one will be seated after the Course begins.

BREAKFAST ROUNDTABLE CONFERENCES: Management of Cerebrovascular Insufficiency; Indications and Limitations of Uses of Antibiotics; The Moral and Ethical Aspects of Caring for the Dying Patient; Adolescence, Age of Rebellion, Related Psychiatric Aspects.

COLOR TELEVISION • MEDICAL MOTION PICTURES • SCIENTIFIC AND INDUSTRIAL EXHIBITS

The complete scientific program, plus forms for advance registration and hotel accommodations, will be featured in JAMA, October 23.



W.A.H.D.M.S. and the A.M.A. - E.R.F.

This year, the Woman's Auxiliary to the HDMS received wide praise and commendation for its generous contribution to the American Medical Association - Education and Research Foundation. Not only was this the highest total contribution of any district in the State and the highest per capita, but it was also the greatest overall of any district in recent years.

The Auxiliary's sponsored tour of doctor's homes last October helped tremendously in swelling the above donation to the AMA-ERF. This year no such special fund-raising project is being planned. However, to continue supporting this most worthy organization as it strives to aid medical research, to provide funds to medical schools, and to guarantee loans for medical education; the Auxiliary through its special committee under the chairmanship of Mrs. Charles Atamian has available for sale a lovely assortment of Christmas cards, playing cards, and note paper of various shades as well as *In Appreciation, In Honor Of,* and *In Memoriam* cards appropriately acknowledging a contribution made to the AMA-ERF in remembrance of a loved one or friend.

Let us all materially manifest our pride and gratitude to our Auxiliary in this most worthy endeavor by contacting Mrs. Atamian and availing ourselves of any and all of the items mentioned above.

COMING EVENTS

HDMS MEETING, DECEMBER 5, 1967

HDMS EXECUTIVE COMMITTEE MEETINGS, OCT. 17 and NOV. 21

COMMUNITY HEALTH WEEK, OCTOBER 15 - 21

DIABETES DETECTION WEEK, NOVEMBER 12 - 18

NEW ENGLAND POSTGRADUATE ASSEMBLY, BOSTON, MASS., NOVEMBER 7 - 9

AMERICAN ACADEMY OF PEDIATRICS, WASHINGTON, D. C., OCTOBER 21 - 26

AMA CLINICAL MEETING, HOUSTON, TEXAS, NOVEMBER 26 - 29

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PHYSICIAN FEES UNDER MASSACHUSETTS MEDICAID

On September 14, 1967, a hearing relative to physician fees under the Mass. Medicaid program was held by the Advisory Board of the Mass. Department of Public Welfare. Dr. Nickerson, President of the MMS, reviewed briefly the actions of the MMS Council and the negotiations that led to this hearing. This presentation was followed by a statement from Mr. George E. McLean, an actuary for Blue-Cross and Blue-Shield in support of the survey of fees conducted by the MMS with the cooperation of the Mass. Blue-Cross and Blue-Shield. Mr. McLean testified that this was a valid survey and that to the best of his knowledge the application of these results to the determination of fees paid under Title XVIII had been acceptable to all parties concerned. Thereupon, Dr. J. R. Browning, Chairman of the MMS Ad Hoc Committee on Title XIX, reported on his Committee's position in the matter. Because of the importance of the principles involved therein, Dr. Browning's statement is reprinted below.

Report of Ad Hoc Committee On Title XIX

With the implementation of Title XIX a new medical economic concept has become law. It is designed to finance health services to all of the needy and medically needy — "at least to the extent that these are available to the general population." (1) The law prohibits any flat ceiling on income limits for eligibility and exempts or limits the recipient's liability. All incurred costs for medical and remedial care must be considered in determining medical needs; so in effect, any individual, however large his income, can become eligible in a major illness. (2).

If properly implemented, Title XIX will make it possible for any person to select any physician to attend his medical needs, and allow the physician to serve all of his patients, completely uninhibited by variations in their financial reserves. It must be recognized, however, that without proper implementation the quality of health

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services in this state might deteriorate, particularly those available to recipients of medical assistance.

For the purpose of this discussion, think of the physician in private practice as a small businessman selling his services to the public, usually as his sole means of gainful employment. He is subjected to the same basic economic forces as the rest of the community, including the steady inflation of all costs of practice. He traditionally treats all patients who request his services without regard to their ability to pay. To stay solvent a system of "sliding scale of fees" dependent upon the patient's ability to pay has evolved. There is currently a distinct trend, encouraged by criticism from outside the profession away from this sliding scale toward a relatively stable fee array for each physician, based upon service rendered, not the patient's income. He no longer commonly charges the well-to-do more, and therefore, has less leeway to reduce the rates for the poor. At present he can compensate for rising costs by making appropriate adjustments in his usual fees.

With the growth and implementation of systems of budgeting for medical costs through third parties, including commercial insurance companies, nonprofit pre-payment plan, and Title XVIII, and through the efforts and assistance of medical societies and private practitioners, a mass of data on "usual and customary fees" and "prevailing fees" has accumulated. Private insurance plans with payments based on this concept have been prospering for years. Title XVIII Part B payments are based on payment of "Usual and customary fees" and the success of this program has been gratifying. As of June 27, 1967, 13 states were reported by the Department of Health, Education and Welfare as paying usual and customary fees under Title XIX. (3). The Defense Department is paying usual and customary fees for the treatment of military dependents. (4) Thus, this growing system of physician reimbursement provides for a fee structure that is fluid and responsive to varying services and economic pressures, yet is limited by adherence to the range of prevailing fees based on solid statistical data.

The responsibility for transforming the ideal expressed in Title XIX from visionary thinking to functional reality at the state level is shared primarily by the Department of Public Health, Department of Public Welfare, and the physicians in the state of Massachusetts. We must work together — ". . . to ensure that the recipients of

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medical assistance receive the standard of care of at least as high quality as that available to all other persons regardless of their ability to pay . . ." (5).

Certain existing regulations and agreements regarding the development and administration of the program pertain to the present discussion.

The Department of Public Health is charged with maintaining standards. The Departments of Public Health and Public Welfare have agreed to jointly prepare fee structures for each item of medical service and present them to the medical advisory council for advice and recommendation. The fees are to be developed on the basis of joint negotiations by the staffs of their departments and representatives of the providers of services, i.e. physicians, when such fees are not otherwise provided for by law. (6).

The federal regulations state that ". . . an underlying assumption is that adequate financing is available to pay the cost of medical and remedial care and services included in the plan." The fee structure should be realistic to assure eligible persons medical care and services; (7) moreover, the fee structure can and should contribute to the quality of these services.

Under the law the Secretary of Health, Education and Welfare is prohibited from approving any state plan for medical assistance if he determines that approval and operation of the plan will result in a reduction of aid or assistance provided for eligible individuals under pre-existing plans approved under other titles. (8).

Physician participation in the program will be limited to providers of services who accept, as payment in full, the amounts paid in accordance with the fee structure. Eligible persons may not be forced to travel outside their community to receive medical care and services of the type available to others within their community. Participating practitioners must include a sufficient number of each profession and a proportionate number of practitioners qualified for specialty practice within professions so that the items of medical care and services included in the plan are available to eligible persons at least to the extent that they are available to the general population. As a minimum the participation ratio determined separately for each profession and for the specialties within a profession, should be approximately two-thirds of such practitioners in the state. (9).

In discussion of principles of reimbursement for provider costs, the Social Security Administration has advised

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that payments be made on the basis of current costs of the individual provider, rather than the cost of a past period or a fixed negotiated rate, and no part of beneficiaries' costs should be borne by other patients. (10).

> An amendment to the Social Security Act has been proposed which would provide for free choice of physicians and institutions by individuals receiving medical assistance. (11).

Thus the guidelines which must be followed in implementation of Title XIX are clearly drawn. They are revolutionary in that they represent a departure from the traditional philosophy of a segregated welfare program and bring medical assistance recipients into the mainstream of medical care. To adhere to these guidelines will require imagination, liberal thinking, and close cooperation among those responsible for the success of the program.

Consider now what could happen should a fixed schedule of medical fees be instituted. We know, that, regardless of how eligibility regulations are derived, there will be an uneven distribution of beneficiaries in towns and cities across the Commonwealth. Some population groups will probably be predominately medical assistance recipients while in other areas, very few may qualify. We know that the cost to the private physician of maintaining his practice doubled from 1955 to 1965, and tripled from 1947 to 1965. (12). We know that it is almost certain that these costs will continue to rise in the future. A physician with a practice composed predominately of patients on a system of fixed fees would face inevitable bankruptcy; the only question would be "How soon?". If he were paid substandard fees which were periodically adjusted but continually lagged behind his rising costs, he could compensate and stay solvent only by seeing larger numbers of patients each day. To survive in that atmosphere a physician would have a choice of cutting corners in his care to individual patients or driving himself beyond the limits of reasonableness in his working hours. Furthermore, areas in which the population was composed primarily of medical assistance recipients would have increasing difficulty in attracting new physicians to practice within their confines. Either alternative would not be in compliance with the guidelines and intent of this law. The end result would be a marked decrease in the availability of high quality medical service in their areas. With the liberal terms for eligibility for assistance under

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the law, it is quite likely that some physicians will suddenly find that a large number of their private patients, who have been paying their usual and customary fees, have become medical assistance recipients. It is our responsibility to make certain that these physicians are able to continue to care for their patients. Title XIX was designed to insure that recipients of medical assistance receive the same standard of care as all other persons. How ironical it would be if implementation of that law created conditions under which that goal were unattainable.

To fulfill the mandate given us under Title XIX, we must make available to the medical assistance recipient the total services of modern medicine. He must have the careful time consuming history and physical of the medical doctor to evaluate his general health. He must have available, the special talent and training of the neurologist, dermatologist, and all the other limited specialties in medicine and surgery. His physician must have available to him a modern system of fees which pays him a sum appropriate to his services. This is in contrast to a fixed fee which is totally unresponsive to the services rendered. Payment of usual and customary fees would insure that there would be no difference in availability of medical care to Title XIX recipients and the remainder of experience and equipment to provide the population.

Payment of "usual and customary fees" for physicians' services by a third party is a system well established in this country. It is not an invitation to doctors to charge and collect high fees, for payments are limited to charges within the range of prevailing fees. The terms "usual and customary" and "prevailing" have been clearly defined. Under Title XVIII the data concerning them is handled by Blue Shield in strict compliance with statistical methods dictated by the Department of Health, Education, and Welfare. (13). The prevailing charges are re-evaluated and adjusted from time to time on the basis of factual information processed by modern computers. The result is a fair and honest system which provides reliable data on limits of reasonable charges, yet is promptly and continuously responsive to changes in the economy.

In this state the Blue Shield and Massachusetts Medical Society have each accumulated large amounts of data so the ranges of fees are well established. The Blue Shield is functioning as fiscal intermediary under Title XVIII, the Civilian Health and Medical Program of the Uniformed Services,

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and several private plans, all paying usual and customary fees. It has the similar services efficiently and economically for the Title XIX program. Blue Shield plans to administer these programs in over 10 states and a majority of the remaining plans have applied for Title XIX rolls. (14).

It is our firm conviction that if this intent of the law is to be fulfilled, uniform standards must apply throughout its administration. The various social insurance programs must utilize the same principles for development of fee structures for physicians' services if uniform performance is to be expected.

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2. JAMA, January 10, 1966, Vol. 195, No. 2, pp. 137-141.
3. Telegram from Fred H. Stininger, Director, Bureau of Family Services, Welfare Administration, Department of Health, Education and Welfare, dated 6-27-67.
4. Communication, Assistant Executive Director, Mass. Medical Service, 8-21-67.
5. & 6. Agreement between Department of Public Health and Department of Public Welfare with regard to the implementation of Title XIX, effective 3-20-67.
7. Department of Health, Education and Welfare, Supplement D, Medical Assistance Program, Handbook Transmittal #83, 6-17-66.
8. Public Law 89-97, 89th Congress, H.R. 6675, July 30, 1965.
9. Department of Health, Education and Welfare, Bureau of Family Services, Handbook Transmittal #123, dated 5-4-67.
10. Principles of Reimbursement for Provider Costs, U.S. Dept. of Health, Education and Welfare, Social Security Administration, HIM-5 (revised 1-67).
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12. Personal communication, Editor, Medical Economics, dated 8-4-67.
13. Federal Register, Vol. 32, No. 26, pp. 2688-2691, dated 2-8-67.
14. Annual Report 1966-67, National Association of Blue Shield Plans.

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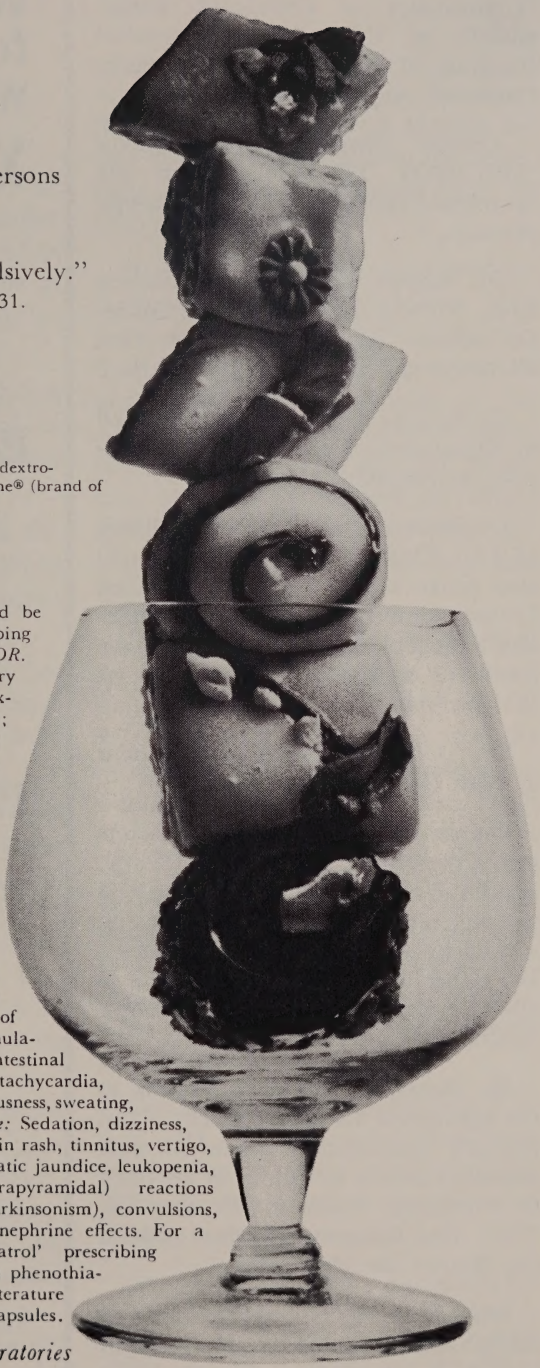

Before prescribing, the physician should be familiar with the complete prescribing information in SK&F literature or *PDR*. The following is a brief precautionary statement. *Contraindications:* Hyperexcitability, undue restlessness, anxiety; hyperthyroidism; lactating (nursing) mothers. Do not use in patients taking MAO inhibitors. *Precautions:* Use in pregnant patients only when deemed essential for the welfare of the patient. Phenothiazines may potentiate central nervous system depressants. Use with caution in hypertension and coronary artery disease. Excessive use of amphetamines by unstable individuals may result in a psychological dependence. *Side Effects:* The following are unwanted reactions reported or considered possible with the components of 'Eskatrol'. *Dextroamphetamine:* Overstimulation, restlessness, insomnia, gastrointestinal disturbance, diarrhea, palpitation, tachycardia, elevation of blood pressure, tremor, nervousness, sweating, impotence and headache. *Prochlorperazine:* Sedation, dizziness, hypotension, tachycardia, dry mouth, skin rash, tinnitus, vertigo, nasal congestion, miosis, lethargy, cholestatic jaundice, leukopenia, agranulocytosis, neuromuscular (extrapyramidal) reactions (motor restlessness, dystonias, pseudo-parkinsonism), convulsions, catatonic-like reactions, reversal of epinephrine effects. For a comprehensive presentation of 'Eskatrol' prescribing information and side effects reported with phenothiazine derivatives, please refer to SK&F literature or *PDR*. *How Supplied:* Bottles of 50 capsules.

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HAMPDEN CAPSULES

Dr. Zacarian delivered a paper on "Cryosurgery of Cutaneous Malignancy" at the 13th International Congress of Dermatology in Munich, Germany, August 2, 1967.

Another physician's wife makes "ORCHIDS TO YOU" with the Springfield Daily News — Mrs. Joseph Stirlacci.

Dr. Kermit L. Kenler transferred from Norfolk District to Hampden. Dr. Kenler is associated with Drs. Carpenter and Sinish.

Dr. Donald E. Bouchard transferred to Sacramento, California, from Holyoke non-resident member.

Dr. Zadworny spoke to the Mothers of Twin Club on Family Planning. He also spoke to a PTA group in East Longmeadow on Sept. 19 at Maple-shade School. Dr. Zadworny is the father of a new baby girl born at Wesson Maternity.

Dr. Helena Glickman is a patient at Pratt Diagnostic in Boston.

On the invitation from Dr. Nickerson, President of MMS, Dr. Hough and Dr. Hayes participated in a special meeting set up for the presidents and secretaries of the 21 district societies. Dr. Baker, Dr. Griffin and Mrs. Purdy attended the meeting held on a recent Wednesday in Framingham.

Dr. Benjamin Spector will speak to the Springfield Memorial Society about the new Anatomical Law which now permits a person to will his or her body to a medical school on October 26, 1967. For further particulars contact the District Society's office.

Interesting story about one of HDMS former presidents on page 4 of "MERCY HI-LITES," August, 1967, as given by Dr. Haggerty.

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SEPTEMBER MEETING

HIGHLIGHTS
(Sept. 26, 1967)

The September meeting of the HDMS was held at the Oaks Banquet House, Springfield, with President Baker calling the meeting to order at 6:35 p.m. Attendance: 163; reservations: 161.

Minutes of the April 20 meeting (Annual Meeting) were accepted as read. President Baker then called for committee chairmen reports.

In the absence of Dr. Carver, Dr. Efford rendered a brief informational report for the Blue Shield District Professional Service Committee.

The proposed changes in the Society's By-laws as published in the Sept. issue of *The Hampden Hippocrat* were accepted without any changes.

Dr. Tillman reported that 81% of the membership eligible for participation in the new health and accident insurance program have taken advantage of same. This large participation will lend stability to the plan, particularly since the HDMS group is pooled with all the MMS participating members.

The Scholarship Committee reported that 26 applications have been processed — 17 for nursing, 6 for medical, 1 for osteopathy and 2 for pharmacy. It is expected that 3 scholarships will be granted with two going to medical students.

Dr. Beachman, Representative to the State Committee on Tax Supported Medical Care Committee, reported briefly on the meeting of this committee on Sept. 6 and the hearing before the Advisory Board to the Mass. Dept. of Public Welfare on Sept. 14 at the State House.

President Baker then announced the resignations of Dr. R. J. Maher, Holyoke, and Dr. J. J. Callan, Palmer, from the MMS Council. Moreover, he announced the appointments of Dr. Allen S. Johnson and Dr. Terry Ryan, both of Springfield, to fill these vacancies. Although not required, Dr. Baker asked for confirmation of these appointments by the membership and same was rendered.

Dr. Richey L. Waugh, Jr., speaking for the Greater Springfield Ophthalmological Association, informed the membership of a resolution that the latter organization is submitting to Commissioner Ott of the Mass. Dept. of Public Welfare. Briefly, since this organization does not feel that the Mass. Title XIX program fulfills its purposes, then it cannot recommend to its members that they participate. Moreover, they disapprove of the program as it is being administered presently in Massachusetts.

The meeting was recessed from 7:10 p.m. until 8:30 p.m. for a social hour and a collation. Upon resumption, Dr. Baker presented certificates of membership to the recent inductees.

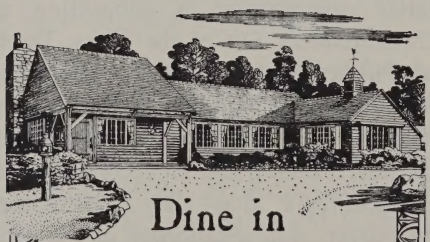
Thereupon followed a discussion led by President Baker and Dr. Allen S. Johnson relative to the events which occurred at the Annual Meeting of the MMS and the Special Meeting of MMS

Council of June as well as the recent activities of the newly formed Committee to Preserve the Rights of The Fellows of the MMS. It was brought out that the entire controversy revolves about the principles of reimbursement for physician services by Blue Shield and Welfare Depts. Service benefit contracts and law fee schedules must yield to usual and customary fees. Shall this be a gradual evolution or an immediate action? Moreover, shall physicians not participating in a contractual agreement with Blue Shield be reimbursed for services rendered to Blue Shield subscribers? To assist individual members in making up their minds relative to these matters, Dr. Martin Murray moved that a poll be taken of the membership to ascertain a variety of opinions and manifest some guidelines to the District's Councilors. Dr. Baker ruled that all this was new business and must be referred to the District's Executive Committee for consideration with a report and recommendations coming therefrom for action at the next District meeting.

In the matter of voting privileges for ex-officio MMS Council members, there was some discussion as to the *why's* of the issue which seemed intricated and complexly interwoven with the fees' issue. This matter will have to be resolved at the state level.

Dr. Baker's report of the meeting of district presidents and secretaries in Framingham on Sept. 20 seemed to follow the same theme of physician fees.

After a few announcements, since there was no further business, the meeting was adjourned at 9:40 p.m.



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IN MEMORIAM
JOHN M. ZYTKIEWICZ, M.D.

Dr. John M. Zytkiewicz of 9 O'Connor Ave., Holyoke, Mass., died at the Yale-New Haven Hospital, New Haven, Conn., on August 9, 1967.

Born on June 9, 1900, in Chicopee, Mass., Dr. Zytkiewicz attended Chicopee schools, graduated from Amherst College in 1920, and went on to Oxford University as a Rhodes Scholar. In 1925, he received his doctorate in medicine from the University of Poznan, Poland, where he also served his internship and residency in internal medicine. Thereupon, he returned to Chicopee to enter the private practic of medicine. A year later, in 1927, he gave up his practice and returned to Poznan, Poland, where he settled as a physician until 1939, when Germany overcame Poland. From 1941 until 1945, he was interned in a German concentration camp. Upon his liberation therefrom, Dr. Zytkiewicz served as a physician in various capacities for the Polish government until 1957 when he returned to this country and became shortly thereafter a full-time staff physician at the Soldiers' Home in Holyoke.

Dr. Zytkiewicz was a member of the Hampden District Medical Society and the Mass. Medical Society. He was a veteran of World War I and also served as a physician in the Polish army during World War II.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

IN MEMORIAM
JOHNSTON L. CHERESKIN, M.D.

Dr. Johnston L. Chereskin of 2401 Alpine Ave., Sarasota, Florida, formerly of Springfield, Mass., died at the Mercy Hospital, Springfield, Mass., on September 8, 1967.

Born on May 14, 1889, in Minsk, Russia, Dr. Chereskin attended schools in New York City and graduated from Loyola Medical School, Chicago, Illinois, in 1914. After completing his internship at the Hampden Hospital in 1915, he settled into the private practice of medicine in Springfield where he remained until 1959 when he moved to Sarasota, Florida.

Dr. Chereskin served on the medical staff of the Mercy Hospital, Springfield for many years. He was a fellow of the American College of Gastroenterology, the A.M.A., the Mass. Medical Society, the Hampden District Medical Society, and the Springfield Academy of Medicine. During World War I, he served in the U.S. Army Medical Corps.

To his family, his many friends, and associates deepest sympathy is hereby extended.

THE NEXT MEETING OF THE

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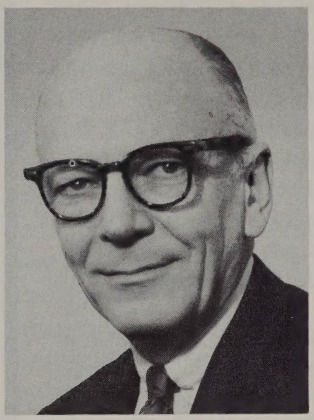

SPEAKER: DAVID HURWITZ, M.D.
Chief, Division of Medicine
Mt. Auburn Hospital
Cambridge, Massachusetts

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CLINIC: Providence Hospital
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EXECUTIVE COMMITTEE MEETING

The regular monthly meeting of the Executive Committee was held in the conference room of the H.D.M.S. on September 19, 1967.

The meeting was called to order at 8 p.m. by President Baker.

Present were: Drs. Baker, Stoler, Griffin, Anton, Bloom, Wiedman, Mozden, Beauchamp, Jr., Nero, Hayes, Moore, Barnes, Hough III, and Mrs. Purdy.

The minutes of the May meeting were read by Dr. Griffin and approved as read. The June meeting had been cancelled.

At Dr. Sullivan's suggestion a physician from Westover Air Force Base has been added to the Advisory Board of the Blood Bank Committee.

Dr. Maher of Holyoke and Dr. Callan, formerly of Palmer, have resigned from the MMS Council. Dr. Allen Johnson and Dr. Terry Ryan have been appointed by Dr. Baker with the approval of the Executive Committee to fill these vacancies.

Dr. Maher has resigned from *The Hampden Hippocrat* Board of Editors.

The Executive Secretary gave a report of the office, the AMA convention, the American Association of Medical Society Executive Institute, and the Communications Institute held in Chicago in August.

A suggestion was made that another meeting be held with the Welfare Department relative to reimbursements from the latter under Medicare and Medicaid. A date will be arranged by Dr. Griffin with the Welfare Dept.

Telephone listing in the "yellow pages" was again discussed. Any physician listed in the "yellow pages" of a telephone book for the locale where he does not live, have an office or a hospital affiliation will be sent a letter by the Secretary.

A publicity guide for local publicity will be written by Dr. Bloom, Chairman of the PR committee, and his committee.

Dr. O'Brien of Holyoke was appointed to serve for one year as advisor to the Hampden District Association of Medical Assistants.

The meeting was adjourned at 9:05 P.M.

The Grievance Committee met and heard seven cases.

The meeting was adjourned at 9:40 P.M.

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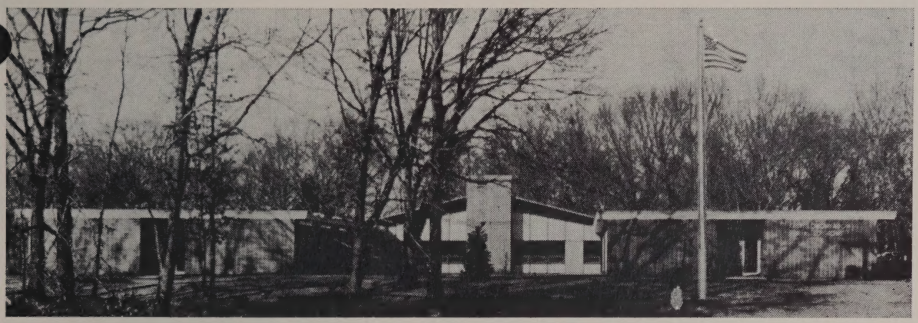

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